



Lamb Cutting Order

Name: _____

Date: _____

Phone: _____

Address: _____

Email: _____

Whole: _____ Half: _____

Paper Wrapped: _____ Vacuum Sealed: _____

Divide: _____ Ways

Please check your Preference in each group (only one)

<ul style="list-style-type: none">• Lamb Chops: <i>Thickness</i> ____ 3/4" ____ 1" ____ 1 1/4" ____ 1 1/2" How many Chops per package: _____• Rack of Lamb: ____ Yes ____ Chops• Shoulder: ____ Chops ____ Roast ____ Kabobs ____ Ground• Leg: ____ Chops ____ Roast ____ Kabobs ____ Ground• Ribs: ____ Whole ____ Ground• Shanks: ____ Whole ____ Split ____ Ground• Stew: ____ Yes ____ Ground	<p>Other Special Request:</p>
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